



## NOTICE OF PRIVACY PRACTICES

### Yuma County Public Health Services District

2200 W. 28<sup>th</sup> Street, Yuma, Arizona 85364 Telephone: (928) 317-4550

#### THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are committed to protecting the confidentiality of your medical information, and are required by law to do so. This notice describes how we may use your medical information within the Yuma County Public Health Services District (YCPHSD), and how we may disclose your medical information to others. This notice also describes the rights you have concerning your own medical information. Please review it carefully and let us know if you have questions.

#### **HOW WILL WE USE AND DISCLOSE YOUR MEDICAL INFORMATION?**

**Treatment:** We may use your medical information to provide you with medical services and supplies. We may also disclose your medical information to others who need that information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care. For example, we will allow your physician to have access to your YCPHSD or other medical records to assist in your treatment at the YCPHSD and for follow-up care.

**Appointments:** We also may use and disclose your medical information to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you.

**Payment:** We may use and disclose your medical information to get paid for the medical services and supplies we provide to you. We may tell your health insurer about a treatment your doctor has recommended to obtain prior approval to determine whether your plan will cover the cost of the treatment. For example, your health plan or Health Insurance Company may ask to see parts of your medical record before they will pay us for your treatment.

**Health District Operations:** We may use and disclose your medical information if it is necessary to improve the quality of care we provide to patients. We may use your medical information to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. For example, we may look at your medical record to evaluate whether YCPHSD personnel did a good job.

**Business Associates:** We may use and disclose your personal health information (PHI) to others that assist us in operating our businesses. They may perform various services for us. These outside companies are called "business associates". They contract with us to keep any PHI received from us confidential in the same way we do. These companies may create or receive PHI on our behalf.

**Shared Medical Record/Health Information Exchanges:** We maintain PHI about our patients in shared electronic medical records that allow the Health District to provide care in different programs. We may also participate in various electronic health information exchanges that facilitate access to PHI by other health care providers who provide you care. For example, if you are seen and referred to the emergency room at a facility that participates in the health information exchange, the exchange will allow us to make our PHI available electronically to those who need it to treat you.

**Research:** We may use or disclose your medical information for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information. In some instances, the law allows us to do some research using your PHI without your approval.

**Required by Law:** Federal, state, or local laws sometimes require us to disclose patients' medical information. For instance, we are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases. We also are required to give information to the Arizona Workers' Compensation Program for work-related injuries.

**Public Health:** We may report certain medical information for public health purposes when required or permitted to do so by federal, state, or local law. For instance, we are required to report communicable diseases to the State of Arizona. We may need to report patient problems with medications or medical products to the FDA, or may notify patients of recalls of products they are using.

**Public Safety:** We may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose medical information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct at the YCPHSD. We may disclose your medical information to law enforcement officials and others to prevent a serious threat to health or safety.

**Health Oversight Activities:** We may disclose medical information to a government agency that oversees the YCPHSD or its personnel, such as the Arizona Department of Health Services, the federal agencies that oversee Medicare, the Board of Medical Examiners or the Board of Nursing. These agencies need medical information to monitor the YCPHSD compliance with state and federal laws.

**Military, Veterans, National Security and Other Government Purposes:** If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. The YCPHSD may also disclose medical information to federal officials for intelligence and national security purposes or for presidential Protective Services, as appropriate.

**Judicial Proceedings:** The YCPHSD may disclose medical information if we are ordered to do so by a court or if the YCPHSD receives a subpoena or a search warrant. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your medical information.

**Information with Additional Protection:** Certain types of medical information have additional protection under state or federal law. For instance, medical information about communicable disease and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and evaluation and treatment for a serious mental illness is treated differently than other types of medical information. For those types of information, the YCPHSD may be required to get your permission before disclosing that information to others in many circumstances.

**Other Uses and Disclosures:** If the YCPHSD wishes to use or disclose your medical information for a purpose that is not discussed in this Notice, we will seek your permission. If you give your permission to us, you may take back that permission any time, unless we have already relied on your permission to use or disclose the information. If you would ever like to revoke your permission, please notify the Yuma County Public Health Services District, Attention: Health Information Management Department at the YCPHSD at the address at the top of this Notice.

### **WHAT ARE YOUR RIGHTS?**

**Right to Request Your Medical Information:** You have the right to look at your own medical information and to get a copy of that information. (The law requires us to keep the original record for a minimum number of years.) This includes your medical record, your billing record, and other records we use to make decisions about your care. To request your medical information, write to Yuma County Public Health Services District, Attention: Health Information Management Department at the YCPHSD at the address on the top of this Notice. If you request a copy of your information, you will be requested to complete an authorization and we may charge you for our costs to copy the information. We will tell you in advance what this copying will cost. You can view your record at no cost.

**Right to Request Amendment of Medical Information You Believe Is Erroneous or Incomplete:** If you examine your medical information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. To ask us to amend your medical information, write to the Yuma County Public Health Services District, Attention: Health Information Management Department at the YCPHSD at the address on the top of this Notice.

**Right to Get a List of Certain Disclosures of Your Medical Information:** You have the right to request a list of many of the disclosures we make of your medical information. If you would like to receive such a list, write to the Yuma County Public Health Services District, Attention: Health Information Management Department at the YCPHSD at the address on the top of this Notice. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost.

**Right to Request Restrictions on How the YCPHSD Will Use or Disclose Your Medical Information for Treatment, Payment, or Health Care Operations:** You have the right to ask us not to make uses or disclosures of your medical information to treat you, to seek payment for care, or to operate the YCPHSD. We are not required to agree to your request, but if we do agree, we will comply with that agreement. We will agree to restrict disclosure of PHI about an individual to a health plan if the PHI pertains solely to a service for which the individual, or a person other than the health plan, has paid the YCPHSD in full. For example, if a patient pays for a service completely out of pocket and asks us not to tell his/her insurance company, we will abide by this request. If you want to request a restriction, write to the Yuma County Public Health Services District, Attention: Health Information Management Department at the YCPHSD at the address on the top of this Notice. Please describe your request in detail.

**Right to Request Confidential Communications:** You have the right to ask us to communicate with you in a way that you feel is more confidential. You may request not to be contacted on your cell phone and/or home phone using pre-recorded messages, artificial voice messages, automatic telephone dialing devices or other computer assisted technology, or by electronic mail, text messaging or by any other form of electronic communication. To do this, contact the Yuma County Public Health Services District Privacy Official at 928-317-4550.

**Right to be Notified of a Breach:** You have the right to be notified in the event that we or one of our Business Associates discovers a breach of unsecured PHI.

**Right to Copy:** If you have received this notice electronically, you have the right to a paper copy at any time. You may obtain a paper copy of the notice by visiting any of our Yuma County Public Health Services District Patient Registration areas or requesting a copy by writing to the Yuma County Public Health Services District, Attention: Privacy Official, at 2200 W. 28<sup>th</sup> Street Yuma, AZ 85364.

MyCare is a safe, secure, online health management tool that connects YCPHSD patients to portions of their personalized health information. An activation code will be provided at the end of your visit on your visit summary paperwork.

### **CHANGES TO THIS NOTICE**

From time to time, we may change our practices concerning how we use or disclose patient medical information, or how we will implement patient rights concerning their information. We will publish a revised Notice of Privacy Practices. You can obtain a paper copy of the notice by visiting any of our Yuma County Public Health Service District Patient Registration areas.

### **WHICH HEALTH CARE PROVIDERS ARE COVERED BY THIS NOTICE?**

This Notice of Privacy Practices applies to the YCPHSD listed at the top of this Notice, and all YCPHSD personnel, volunteers, students, and trainees. The Notice also applies to other health care providers that come to the YCPHSD to care for patients (such as physicians, physician assistants, medical residents, therapists, emergency service providers, medical transportation companies, medical equipment suppliers, and other health care providers not employed by the YCPHSD), unless these other health care providers give you their own Notice that describes how they will protect your medical information. The YCPHSD may share your medical information with these providers for their treatment, payment, and health care operations. This arrangement is only for purposes of sharing information.

### **DO YOU HAVE CONCERNS OR COMPLAINTS**

Please tell us about any problems or concerns you have with your privacy rights or how the YCPHSD uses or discloses your medical information. If you have a concern, please contact the Privacy Official at the Yuma County Public Health Services District.

If for some reason the YCPHSD cannot resolve your concern, you may also file a complaint with the federal government. We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

### **DO YOU HAVE QUESTIONS?**

The YCPHSD is required by law to give you this Notice and to follow the terms of the Notice that is currently in effect. If you have any questions about this Notice, or have further questions about how the YCPHSD may use and disclose your medical information, please contact the Privacy Official at 928-317-4550.

**Revised date: April, 2014**